



STATE OF MISSOURI
DEPARTMENT OF INSURANCE
MARKET VALUE OF SECURITIES REQUEST

INSTRUCTIONS

Please complete the information below and return to Chief Examiner at the above address.

INSURANCE COMPANY NAME

INSURANCE COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

MARKET VALUE OF SECURITIES ON DEPOSIT WITH MISSOURI AS OF DECEMBER 31.

CAPITAL ACCOUNT (LIST INDIVIDUAL SECURITIES)

DESCRIPTION CUSIP NUMBER	PAR	INTEREST RATE	MATURITY	MARKET VALUE
				\$

CAPITAL ACCOUNT TOTAL ►

COMPANY PRESIDENT (TYPED OR PRINTED)

COMPANY SECRETARY (TYPED OR PRINTED)

We, the above named company President and Secretary, hereby certify that the above information has been compiled from our records of the company and to our best knowledge and belief constitutes the market value of securities on deposit with the Missouri Department of Insurance.

PRESIDENT SIGNATURE



SECRETARY SIGNATURE



NOTARY PUBLIC EMBOSSESSOR OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)